Official Newsletter of the Canadian Public Health Association

CPHA health digest

Autumn 2006 Volume XXX, Number 3

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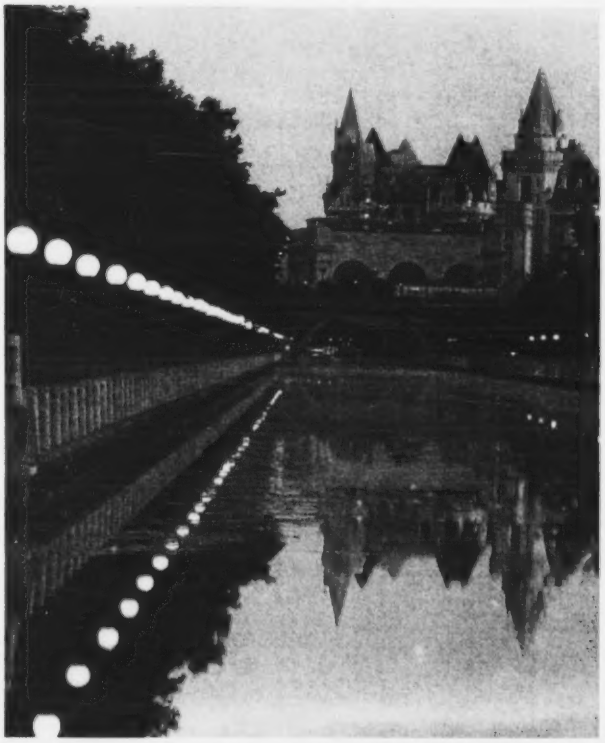
98th Annual CPHA Conference to be held in Ottawa next Fall

The Canadian Public Health Association (CPHA) had planned to host its annual public health conference in conjunction with the 19th International Union for Health Promotion and Education (IUHPE) World Conference on Health Promotion & Health Education in June 2007 in Vancouver, BC.

However, after many discussions with IUHPE and our partners, the Canadian Institutes of Health Research's Institute of Population and Public Health (IPPH), the Canadian Institute for Health Information's Canadian Population Health Initiative (CPHI) and the Public Health Agency of Canada (PHAC), we determined that, at this time, a separate public health conference is needed to have the greatest impact on population and public health in Canada and to give these important issues greater visibility. All the partners agreed that a dedicated conference will assist us in sustaining the momentum in public health at the pan-Canadian level.

As a result, CPHA will host its 98th annual conference September 16-19, 2007, in Ottawa, ON. Given the tremendous importance of public and population health in Canada, CPHA and its partner organizations are committed to hosting a conference that will highlight these important issues and their impact on the health of Canadians. This conference will be an excellent opportunity for public health professionals to share their programs, research, policy and practice and will give everyone an opportunity to emphasize the inter-jurisdictional nature of public health.

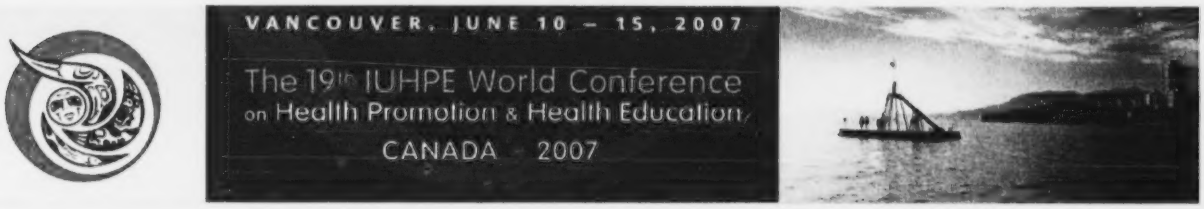
Although CPHA and its partners will host our own conference next fall, we are pleased to be able to participate in the IUHPE World Conference on Health Promotion & Health Education in Vancouver, BC, and we are very excited about the sessions we are



planning. As part of the IUHPE conference, CPHA will be presenting student awards and the Ron Draper Award in Health Promotion.

For those who intend to submit an abstract to the IUHPE conference, please note that the deadline has been extended to midnight, December 25, 2006. More information can be found on the IUHPE website at http://www.iuhpeconference.org/en/presenters/abstractcall.htm.

We are sure you will find these conferences to be very useful and informative and we look forward to seeing you there. ■



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Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

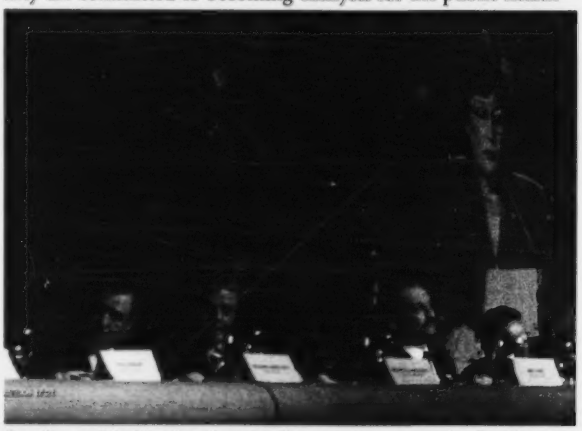
CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's *column*

Public Health in a Globalized World: Breaking Down Social, Economic and Political Barriers

ABRASCO, the Public Health Association of Brazil, and the World Federation of Public Health Associations (WFPHA) hosted the 11th World Congress on Public Health and the 8th Brazilian Congress on Collective Health. Over 19,000 public health professionals including more than 1,600 international delegates debated how to influence the focus creating ill health in our collective world.

All countries are facing the same challenges to the health of their populations and the "health" of their health system. That is the bad news. The good news is that public health professionals are united – they are committed to becoming catalysts for the public health movement and advocates for public health.



Brazilian political leaders listen to the opening address by Dr. Mirta Roses, Director of the Pan American Health Organization (shown on screen), at the 11th World Congress of Public Health, Rio de Janeiro, Brazil, August 21-25, 2006. The President of Brazil, Luiz Inacio Lula da Silva, appears second from left.

Globalization is affecting all countries of the world and provides even greater challenges for public health. It requires strengthening our ties of cooperation and establishment of a broad and renewed agenda with other international organizations and social movements for human development at the world level. There are many vested interests that stand in the way of changing our global health vision and approach – some of these are political, institutional, financial, contractor and intellectual. The largest may be "failure of courage". Public health is only one player. Alone, we do not control the levers of change – we will need to expand our allies into communities where we have not gone before, for example, organized labour, public finance, the private sector in order to influence sustainable change.

That is why the Canadian Public Health Association is a strong supporter of the WFPHA whose mission is to promote personal and community health throughout the world by supporting the establishment and development of societies of public health, facilitating the exchange of information, experience, and research, and advocating for policies, programs and practices that improve public health. It is only through efforts at all levels that success will be realized.

President Lula of Brazil, in opening the Congress, described collective health as a political issue with the best investment being social justice. He described civil society as crucial to health policy and providing a key oversight function of government policy.

Elinor Wilson

Elinor Wilson
Chief Executive Officer

What is public health's role in chronic disease prevention and management?

The public health community is becoming more aware of chronic disease prevention and management as a critical area to improve the health of Canadians. The social, economic and personal costs of chronic disease are huge and are increasing as the population ages. In March 2006, a summary report was released examining chronic disease in Ontario and Canada.[1] It draws from a review of major chronic diseases and their associated risk behaviours: smoking, unhealthy eating and physical inactivity.[2]

Chronic diseases are the leading causes of death in Canada. In 2002, of the 223,603 deaths in Canada, more than 75% were due to one of five chronic diseases: cancer, heart disease, diabetes, kidney disease and respiratory diseases.

At the forefront are population health approaches that address the underlying determinants of health. Promising efforts are underway at various levels of government to develop and implement population health frameworks that will guide healthy living and integrated chronic disease prevention efforts. British Columbia has set up a structure that brings together decision-makers across government departments to consider how their policy and program decisions impact on the health of British Columbians (See figure below). Ontario is working on a chronic disease prevention and management framework. Alliances at the national, provincial/territorial and regional level have formed to support integrated, intersectoral action. In Manitoba, a community-led approach is underway to prevent major chronic diseases and to integrate chronic disease prevention initiatives into existing programs. Strategies to enhance clinical prevention and to improve chronic disease management in primary health care are underway. And the list goes on.

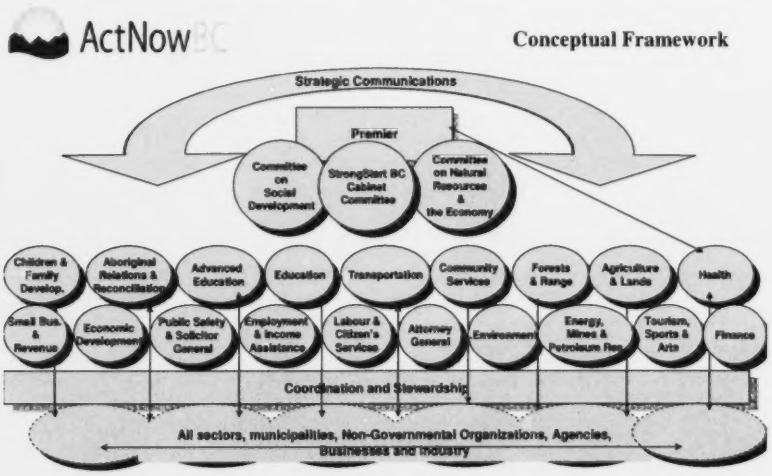
But how can public health and the broader health system adapt to this new awareness? How can we change the way we look at risk factors and interventions to consider the root causes of health? How can different parts of the health system (public health, non-governmental organizations, primary health care services) work together to address common risk factors and better support people living with chronic health conditions? How can policy better support front-line practice in the health field and how can health work with other sectors that influence health?

The Canadian Public Health Association is undertaking a one-year project to build knowledge of public health practice in the area of chronic disease in Canada. An enthusiastic and energetic group of public health professionals have been brought together to guide the project. The project, funded by the Public Health Agency of Canada, aims to inform policy and program development of comprehensive approaches to chronic disease prevention and control and will address some of the important questions outlined above.

At their first meeting in July 2006, the advisory committee agreed on the research question to guide the project: What are the critical success factors for system capacity for integrated chronic disease prevention and management? A synthesis report is being produced by mining the many reports, systematic reviews and current studies underway across Canada addressing chronic disease prevention and management, public health capacity, primary health care renewal, and major chronic disease areas such as diabetes, cardiovascular disease and cancer.

In a second phase of research, CPHA will be talking with key informants across Canada to do a reality check on the success factors identified through the research and to ask about how the information could be packaged into a useful, practical tool for decision-makers to assess their own system capacity for integrated chronic disease prevention and management. The tool will be designed to capture the system elements and respective roles of primary care and public health along the spectrum of chronic disease prevention and management.

If you have information that you would like to share about your own activities in chronic disease prevention and management, we would like to hear from you. For more information, contact Ms. Lynn Chiarelli, Project Coordinator, at (613) 725-3769 ext. 154 or lchiarelli@cpha.ca. ■



ActNow BC provides a unifying brand for the strategic cross governmental and cross-sectoral initiative for creating a healthy BC population. Facilitates "improved alignment of cross-ministry policy"

References

1. Haydon E, Roerecke M, Giesbrecht N, Riehm J, Kobus-Matthews M. Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities. Prepared for the Ontario Chronic Disease Prevention Alliance and the Ontario Public Health Association, March 2006.
2. Harvey D, Hook E, Kozyniak J, Selvanathan M. Building the Case for the Prevention of Chronic Disease. Disease Intervention Division, Centre for Chronic Disease Prevention and Control, Health Canada, March 31, 2002.

Expert Panel on Health Literacy

In March 2006, CPHA initiated a new health literacy project, the Expert Panel on Health Literacy. The project is funded by the Canadian Council on Learning's Health and Learning Knowledge Centre for an initial one-year period, and discussions are currently underway to extend the project through collaborations with other organizations. The Panel is made up of experts in literacy, health, health literacy, social policy, and the realities of living with low health literacy. The Panel's mandate is to provide advice on the state of knowledge on health literacy and the effectiveness of interventions to improve health literacy, and to generate recommendations on future research, policy and programming initiatives to promote health literacy in Canada. The project involves a literature review, key informant interviews, focus groups with literacy learners, national consultations with stakeholders, and a survey of service providers. The Panel will complete the study and their report in March 2007. In May, a 'think tank' of key players in health and literacy will be convened in order to produce a Blueprint for Health Literacy in Canada that will be based on the report's recommendations. The report and the Blueprint will be released in Vancouver in June 2007 at the joint conference of CPHA and the International Union of Health Promotion and Education.

In order to ensure that all stakeholders have an opportunity to contribute to the study, consultations were held in four cities during the fall. The consultations investigated the types of health literacy initiatives that are currently underway across the country, possibilities for other interventions to promote health literacy, and the constraints on undertaking health literacy programming and policy development.

Further information on the Expert Panel on Health Literacy is available at www.healthliteracy.cpha.ca ■

Building the Health Promotion Capacity of the Canadian Health Network

The Canadian Health Network (CHN), http://www.canadian-health-network.ca, has been providing bilingual, non-commercial, credible, web-based information to help Canadians stay healthy and prevent disease and injury. The CHN website contains more than 20,000 electronic resources from more than 1,000 Canadian organizations, which meet high standards for quality assurance.

As part of the new Public Health Agency of Canada (PHAC), CHN is playing a unique role as the portal for consumer-oriented health information on prevention and health promotion. It is strengthening its focus on health promotion under the guidance of a new Health Promotion Affiliate. CHN is also focussing on social marketing to encourage Canadians to change their behaviours to improve their health.

Currently, the CHN website contains resources that are focussed predominantly on individual lifestyle and health behaviour changes. The main objective of the CHN through its Affiliates is to include the broader perspective of health promotion strategies and approaches to the Health Promotion collection, and to the CHN collections as a whole.

As the HIV/AIDS Affiliate, the Canadian Public Health Association (CPHA) is proud to be part of the network and to help promote health and living well for people infected or affected by HIV/AIDS.

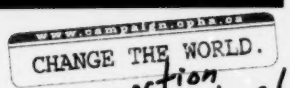
This article is based on: K. Fay, Nov. 2004. "Building the Health Promotion Capacity of the CHN", Ontario Health Promotion Email Bulletin Issue 389 November 26, 2004. Available at http://www.ohpe.ca.

CPHA Health Resource Centre Sale!

The Health Resource Centre is having a sale on over 25 different titles. To view the list of publications, please visit our website at: www.cpha.ca

2006 SOCIAL MARKETING CAMPAIGN

Demonstrating Change!



The goal of the Canadian Public Health Association's Social Marketing Campaign (SMC) is to provide campaign materials and resources that will support local community activities in addressing HIV. The campaign resources are developed for use by health information intermediaries and others in the community who want to join the fight against HIV/AIDS.

CPHA is committed to providing the best possible campaign resources, and relies heavily on member input to do so. The campaign's evaluation survey, sent out with all orders each year, provides CPHA with opinions about what is needed in terms of campaign materials and resources at the community level. The 2006 campaign messages and resources are based on recommendations received through last year's survey.

Last year's campaign urged Canadians to "Change the World." The resources encouraged people to join the fight against human rights violations and to use safer sex practices in order to curb the ever-growing number of HIV infections. This year's Social Marketing Campaign builds on last year's call to action by demonstrating ways in which individuals can change the world. The 2006 campaign messages are:

- Talk about safer sex
- Use protection
- Get tested

These messages, coupled with provocative images, will call for people to make behaviour changes that can lead to a reduction in the number of people who get infected with HIV.

The 2006 SMC offers free items (posters, pocket cards, condom holders, stickers) and for-sale items (scarves, dog tags, red ribbons, temporary tattoos, plastic condom holders).

Proclaim Canadian HIV/AIDS Awareness Week and World AIDS Day in Your Community

The Canadian Public Health Association invites civic and municipal leaders across Canada each year to proclaim November 24-December 1, 2006 Canadian HIV/AIDS Awareness Week and World AIDS Day on December 1st in their communities. Each year more and more communities from coast to coast issue proclamations recognizing the impact of HIV/AIDS and the need for tolerance, understanding and prevention information.

If you would like to join by proclaiming Canadian HIV/AIDS Awareness Week and World AIDS Day in your community, please see the sample Proclamation available online at www.campaign.cpha.ca

Social Marketing

One way that we can work on preventing HIV/AIDS and eliminating stigma and discrimination is through a process known as social marketing. Social marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing. Its purpose is to influence action by "selling" changes in behaviour and way of thinking, and instead of a cash price, the "cost" to the consumer is the work/effort of doing something a new way.

Call us toll free at 1-877-999-7740 if you have any questions. ■

Coming events

Primary Care Today Education Conference & Medical Exposition
Quality Time with Hard-to-Reach GP/FM's and Primary Care Professionals
10-12 May 2007 Toronto, ON
Contact: Primary Care Today
Tel: (toll free) 1-888-433-6786
Fax: 905-479-1364
E-mail: info@primarycaretoday.ca
www.PrimaryCareToday.ca

45th International Making Cities Livable Conference
True Urbanism: Designing for Social & Physical Health
Co-sponsored by The City of Portland & Portland Metro Planning Council
Co-organized with the University of Notre Dame School of Architecture
10-14 June 2007 Portland, OR
Contact:
Suzanne H. Crowhurst Lennard Ph.D.(Arch.)
Program Committee Chair
IMCL Conferences
Fax: +1- 831-624-5126.
E-mail: Suzanne.Lennard@LivableCities.org
www.LivableCities.org

The 19th IUHPE World Conference on Health Promotion & Health Education
Health Promotion Comes of Age: Research, Policy and Practice for the 21st Century
International Union for Health Promotion and Education
11-15 June 2007 Vancouver, BC
Contact:
E-mail: canada2007@iuhpeconference.org
www.iuhpeconference.org

CALL FOR PAPERS
17th World Conference on Disaster Management
Emergency Management and Business Continuity Working Together
Organized by the Canadian Centre for Emergency Preparedness (CCEP)
8-11 July 2007 Toronto, ON
Contact: Alysone Will, Conference Co-ordinator
Absolute Conference and Events
Tel: (416) 595-1414 Ext: 224
Toll Free: (866) 912-WCDM (9236)
Fax: (416) 979-1819
E-mail: coord@wcdm.org
http://www.wcdm.org/
Deadline for abstracts: 3 December 2006

CALL FOR ABSTRACTS
International Conference on Physical Activity & Obesity in Children: Science, Policy, Practice
Organized by the Canadian Fitness and Lifestyle Research Institute (CFLRI)
24-27 June 2007 Toronto, ON
Contact: CFLRI
Tel: 613-233-5528
Fax: 613-233-5536
E-mail: mcosta@cflri.ca
www.phe.queensu.ca/epi/obesity/index.htm
Deadline for abstracts: 1 May 2007

Strengthening of Public Health Associations (SOPHA) Program Renewed to 2011

The Canadian Public Health Association is proud to announce that its flagship international initiative, the *Strengthening of Public Health Associations (SOPHA) Program* has been renewed for its next phase from 2006 to 2011. With funding from the Canadian International Development Agency (CIDA), the SOPHA Program will support non-governmental organizations (NGOs) in developing countries in the development of civil society's voice for a strong public health sector. The SOPHA Program strengthens the capacity of partner public health associations (PHAs) to participate in national health policy dialogue, promotes national and international leadership in public health, and facilitates technical exchanges between Canadian and overseas public health practitioners.

The overall goal of the SOPHA Program is to contribute to poverty reduction and sustainable development via the role of national PHAs. The purpose of the Program is to contribute to the reduction of disparities and the elimination of inequalities in health through support for the international public health movement.

The objectives of the SOPHA Program are to develop the capacity of PHAs in selected countries to:

- function as effective national PHAs;
- take a leadership and advocacy role for health;
- promote and support broad public participation in health issues and action; and
- build on partnerships and alliances with other agencies and organizations and professional associations for action on important national or trans-national health issues. ■

Family and Reproductive Health Project in Zambia Celebrates a Successful Conclusion

You may have read about the closure of the Family and Reproductive Health Project in Malawi in the last issue of the *CPHA Health Digest*. Its sister project, the Zambia Family and Reproductive Health Project, has now also successfully completed its activities.

Since 2001, CPHA has worked closely with our two Zambian partners – Planned Parenthood Association of Zambia (PPAZ) and the Churches Health Association of Zambia (CHAZ) to improve the accessibility, utilization and quality of integrated reproductive health (RH) services in 14 rural and peri-urban project sites. The project has endeavoured to bring reproductive health services as close to the family as possible, thus supporting the Government of Zambia's health reforms. Efforts to combat HIV/AIDS are integrated within an overall reproductive health framework. Each partner has brought different strengths and interests to the project, which has provided a very rich learning environment for everyone involved.

The project's activities were guided by the findings of the baseline participatory needs assessment, which showed that reproductive health services (including family planning, obstetric care, prevention and care for sexually transmitted infections including HIV/AIDS) were under-utilized and inaccessible, and sometimes of poor quality. Because of the severe shortage of health workers in Zambia, and the long distances many people have to travel (often on foot) to the health clinics, the project emphasized the establishment of community-based reproductive health services.

Community-based Services

More than 300 community members were selected by their communities and trained – as Community-Based Distributors (CBDs) of contraceptives, Traditional Birth Attendants and youth Peer Educators – to provide basic reproductive health services and information. They were supervised by health clinic staff, who were trained to provide supportive supervision, and their activities in the communities were supported and monitored by Community Steering Committees. Other activities also helped to increase community ownership and participation in reproductive health issues, including the training of influential community members in leadership and community mobilization skills on reproductive health, and training parents and elders to communicate with youth about sexual concerns.

We could see the change in many communities over the life of the project as their awareness of the issues, comfort with discussing them, and confidence in their skills and leadership increased. Some communities started income-generating activities to help support reproductive health services. One community built a shelter so mothers (especially those with higher-risk pregnancies) could be near the health clinic once their labour commenced. Other communities experimented with different ways (e.g., oxcarts and bicycle ambulances) to ensure that women could be transported to the clinics to deliver their babies. Community committees would talk with pride about the change in men's attitudes about family planning, the apparent reduction in teen pregnancies, and their efforts to reduce delays for women to obtain the services of skilled birth attendants.

The communities and the health workers have appreciated the increased

...see *Zambia, page 12*

CPHA at the 11th World Congress of Public Health

CPHA had a strong presence at the 11th World Congress of Public Health, which took place in Rio de Janeiro, Brazil, from August 21-25, 2006. The Congress was the largest ever in the history of the World Federation of Public Health Associations (WFPHA), thanks in large part to the Brazilian co-host public health association, ABRASCO, who organized the event simultaneously to the 8th Brazilian Congress of Collective Health. Over 10,000 people attended, including 750 international participants (66 of whom were Canadian).

CPHA participated in the international planning committee for the Congress, and also identified Canadian speakers for several panels and debates. CPHA was also instrumental in helping to secure the presence of senior federal Canadian public health leaders. Mr. Steven Fletcher, Parliamentary Secretary to the Minister of Health, attended and spoke at the conference's ministerial roundtable on the issue, "Today's Challenges of Providing Universal Access to Health Services." Dr. David Butler-Jones, Chief Public Health Officer of Canada, also attended and spoke at the conference on, "From SARS to Avian Flu: Lessons Learned and New Challenges."

CPHA's Chief Executive Officer, Dr. Elinor Wilson, participated in three different panels, covering topics ranging from the Ottawa Charter on Health Promotion, chronic disease prevention, and the development of the public health workforce. Jim Chauvin, Director of CPHA's Global Health Programs, made an oral presentation on national surveillance of adult and youth tobacco-related knowledge, attitudes and consumption as input to the formulation of tobacco control policy and best practices.

CPHA co-sponsored in cooperation with the International Development Research Centre (IDRC) and the Canadian Embassy to Brazil a reception for the Canadian delegates at the conference. Ambassador Guillermo Rishchynski spoke about the growing collaboration between Canada and Brazil in the health sector. CPHA's "Intersectoral Action for Health" project with

CPHA public health association partners from Africa, Latin America, Russia, and Serbia debate revenue generation strategies with CPHA staff at a workshop in Rio de Janeiro, Brazil, during the 11th World Congress of Public Health.

ABRASCO and Brazil's National School of Public Health (ENSP), which recently received funding approval from CIDA, was cited by the Ambassador as one example of the Canadian government's support for collaborative projects in public health in Brazil.

In addition to the Congress itself, two of CPHA's Global Health Programs were present at the Rio Congress, along with several international delegates from partner public health associations from Africa, the Balkans, and the Caribbean. The Strengthening of Public Health Associations Program (SOPHA) and the Strengthening Civil Society's Voice for Public Health in the Balkans through Public Health Associations project, both funded by CIDA, sponsored partners to the Rio Congress, the majority of whom made oral or poster presentations. In addition, the two projects co-organized a special pre-Congress workshop on revenue generation for public health associations.

CPHA also played a key role in the meetings of the WFPHA that preceded and followed the Congress. Dr. Wilson is a member of the WFPHA's Executive Board. CPHA Global Health Program staff person, Chris Rosene, assisted with the organization of both the Congress and the WFPHA meetings, in his function as Interim Deputy Secretary-General of WFPHA. Two of CPHA's partner public health associations were welcomed as new members of the WFPHA: the Burkina Faso public health association (ABSP), and the Public Health Association of Serbia (PHAS).

Taking advantage of Canada's experience with bilingualism, CPHA also helped organize the first-ever French-speaking seminar at a WFPHA Congress. The seminar, entitled « Globalisation : accès aux médicaments et protection du citoyen » [Globalization, Access to Drugs, and Citizens' Protection] was organized by several Canadian and Brazilian academic and health organizations including CPHA, and offered a unique opportunity for French-speaking delegates to debate an important public health topic in their own language. In addition, CPHA member Dr. Renald Bujold, of Quebec, organized a special meeting of Francophone public health associations to plan informal networking and strategize for a stronger Francophone presence at the next World Congress, scheduled for 2009 in Istanbul, Turkey.

All in all, the 11th Congress was a very full and productive event for CPHA. Those seeking further information should visit the conference website www.saudecoletiva2006.com.br or the WFPHA website http://www.wfpha.org ■

A Strategy for the Establishment of Public Health Associations in Francophone Sub-Saharan Africa... under development

A meeting was organized during the course of a training workshop held in Yaounde (Cameroon) in mid-April 2006 by the International Francophone Network for Health Promotion (REFIPS) to discuss how to strengthen public health associations in francophone Africa. The purpose of the meeting was to introduce the public health associations from this region to participants at the REFIPS workshop, and to fast-track a strategy for the reinforcement of the public health movement through the establishment of public health associations (PHA). Case studies of public health associations in Niger and the Republic of the Congo were presented to illustrate the specificity and the common elements of all public health associations, as well as their mission and primary activities. This interchange about their experiences and practices contributed to an enriched learning experience about the need to strengthen public health associations, and about the process for their establishment and nurturing.

The relevance of forming a PHA network that would facilitate the interchange of information and experiences, create a means of mutual support and assistance, and increase the visibility of PHA was discussed. This discussion echoes one that took place in 1994 (twelve years to the day prior to the present meeting) at the time of the first meeting of African francophone PHA in Ouagadougou (Burkina Faso), organized by CPHA. A network of PHAs constitutes one of the principal ways of giving them meaning and building their capacity to make things happen.

Delegates to the Yaounde meeting. Hélène Valentini (lower right) is a CPHA mission volunteer and contributor to the strategy for the development of public health associations in francophone Africa.

The Yaounde event was a conjoint initiative by CPHA and the Public Health Association of Burkina Faso (ABSP) for which the establishment of public health associations and the setting up of a collaborative and mutually supportive network are a priority. As a result of this event, CPHA and the ABSP prepared a document outlining a strategy for the development of public health associations in francophone countries of sub-saharan Africa.

The World Health Organization is very supportive of the strengthening of the public health movement, especially in the area of health promotion. The Bangkok Charter adopted in 2005 is one example. CPHA and the ABSP recently contacted the WHO Regional Office in Africa to seek its support for the strengthening of public health associations in the region. The strategy prepared in Yaounde is currently being reviewed by this office. WHO/AFRO (Africa Regional Office) can play a very important role in this regard, advocating to Member States to contribute to the national public health movement, to support the establishment of PHAs and to facilitate their networking and their organizational capacity building. ■

Hélène Valentini
CPHA Mission Volunteer

Canadian International Immunization Initiative Phase 2 (CIII-2):
CPHA Immunization Project – Technical Assistance and Awareness Components

My Experience in Bangladesh

Jacobet Wambayi was recruited by CIII-2 in the Spring of 2006 to join the polio eradication initiative in Bangladesh as a member of the STOP (Stop Transmission of Polio) Team 22 from May to August 2006. The following is written by Jacobet and reflects part of her professional and personal experience overseas.

After I arrived in Dhaka, I underwent a 10-day orientation period which prepared me further for working in Bangladesh. During this period, I adjusted to the weather and the people of a new culture. Since I originally come from Kenya, I found it easy to adapt to a system experiencing the effects of poverty and illiteracy, especially in the rural areas. Despite being a woman in a predominantly Muslim country, I was able to relate with men and women equally. Many people were curious to know who I was and although I felt a little nervous from all the stares that I was receiving, I was able to relax after a while when I realized that they meant no harm.

Consultant examining a patient (90 day AFP follow-up) at his home as family members and villagers look on. Photo courtesy of Jacobet Wambayi.

I worked with wonderful teams both from the Dhaka office and the district level where the team was headed by the Civil Surgeon. The fact that the Surveillance Medical Officer was an understanding and supportive woman allowed for a more facilitated work environment. I was invited to many of their homes and had meals with them. My interpreter worked tirelessly and went out of his way to teach me Bangla language, he provided me with personal security and helped me with my shopping. Generally, I found the people of Bangladesh very welcoming and I felt at home, especially when I had the chance to mix with the village people, cooking and sharing meals with them. During these few months, I had the chance to eat fish and lots of fresh fruits, especially mangoes.

...see *Bangladesh, page 10*

Routine Immunization in Equatorial Guinea: A Great Challenge for Great People!

Luis Lozano was recruited by CIII-2 in the Spring of 2006 to join the polio eradication initiative in Equatorial Guinea as a member of the STOP (Stop Transmission of Polio) Team 22 from May to August 2006. The following is written by Luis and reflects part of his professional and personal experience overseas.

If you are looking for a place where people strive daily with many health needs, you may want to turn your attention to Equatorial Guinea.

Equatorial Guinea is a small country located in Central Africa at the bottom of the Gulf of Guinea with an estimated population of 572,364. The total area of the country is 28,051 square km and it is comprised of three separate territories: the Continental Region and the islands of Bioko and Annobon.

During the last 7 years (1999-2005), the country has been experiencing decreased vaccination coverage rates. In 2005, DPT3 coverage was 30% with a drop-out rate for DPT1-DPT3 of 40%. However, within the last few months, there was a slight increase in their vaccination coverage to 33% – with this came the reemergence of hope that perhaps there is another chance to increase these people's health!

And this has been the challenge for these great people in such a small country: How do you increase their vaccination coverage rates in order to achieve the development goals?

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Health worker administering a vaccine to a child at the Maria Gay Health Centre in Bata District, Equatorial Guinea. Photograph by Luis Lozano.

EPI District Facilitator and the STOP Team members visiting hard-to-reach areas by boat. Photo courtesy of Jacobet Wambayi.

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Although we experienced frequent power shortages during our mission period, the warm spirit of the people made it possible to carry out our duties. The EPI staff tried their best to maintain the Cold Chain despite these power fluctuations. Given that we were in a country where the temperature is above 35°C on most days at that time of the year, there were fewer incidents of poor maintenance than would be expected. Some subdistrict officers did not even have working offices but still managed to carry out their duties with the minimum facilities that existed – even if it meant holding meetings under a tree. Many EPI sessions were held under trees, but in some areas, home owners provided space in their homes for health workers to conduct EPI.

At the end of my three months STOP team assignment, there were 9 cases of wild polio in Bangladesh. Previously, Bangladesh had been polio free for 5 years and was in the process of review for WHO certification. Generally, the AFP surveillance network is well established in the country and field workers' and super[illegible]s' knowledge of duties is excellent. However, what these people lack is motivation due to poor working conditions in some areas, especially the hard-to-reach areas. With NID coverage rates of more than 100% in most districts, Bangladesh is determined to eradicate polio. To this end, I encouraged collaboration between field staff and community partners such as religious leaders, traditional healers and NGO staff by holding training sessions for all groups including Imams, traditional healers and birth attendants.

Finally, there is a strong political will that exists from Government leaders and although there were a few strikes called by opposition leaders during our time there, these strikes did not adversely affect our work in the field. ■

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In this respect, our three months STOP mission in the country consisted of formative supervisory visits to health facilities, the development of sensitization sessions which were presented to health workers and traditional healers in the community, and the active participation in AFP (Acute Flaccid Paralysis) and measles surveillance. With this in mind, we tried to figure out the real conditions and problems that the population and health care workers faced and came up with the following three main recommendations:

1. Reactivate vaccination activities in the community at district levels, by integrating national and international staff in primary health care and optimizing the use of local and inter-agency resources and vehicles.
2. Promote a higher utilization of vaccination facilities by using mass media with appropriate messages and health education at all levels.
3. Decrease missed/lost vaccination opportunities in health facilities by providing adequate follow up with mothers and children. This can be done by keeping and using records of vaccination appointments in order to reach out to parents and their children and, when needed, to refer to for record purposes.

The challenge is definitely not easy, but with such great people – it is possible! The accelerated economic growth that the country has been achieving recently also allows a greater opportunity for more development, especially with respect to the quality of life of these people. ■

The CIII is funded by the Government of Canada, through the Canadian International Development Agency (CIDA). The aim of the CIII-CPHA is to rapidly meet the demands of partner organizations in developing countries who need Canadian technical advisors with expertise in the field of immunization. The CIII works in partnership with the World Health Organization (WHO), the Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the Global Health Research Initiative (GHRI) and the CPHA.

Get Involved with the Canadian International Immunization Initiative (CIII)

We are looking for people like you with extensive experience in immunization, disease surveillance, epidemiology or data management programs who have cross-cultural experience.

If you can work in French and any other languages, this will be extremely helpful.

For information, please contact the Canadian International Immunization Initiative at ciii@cpha.ca or visit our website at www.cpha.ca/programs/ciii/en/index.html

SAT delegation at the 16th International AIDS Conference

The Southern African AIDS Trust (SAT) sent seven delegates to the 16th International AIDS conference, held in Toronto, Ontario in August. Four Country Programme Managers (Zoonadi Ngwenya from Zambia, Joyce Sibanda from Zimbabwe; Lucrecia Wamba from Mozambique and Adelardus Kilangi from Tanzania) as well as three staff from the Johannesburg Regional Office (Camilla Rankin, Coordinator: Communications and Publications; Hester Musandu, Director: Country Programmes; and Flanny Chiganze, Deputy Executive Director). SAT is CPHA's partner in implementing the CIDA-funded project "Developing Community Competence for HIV and AIDS Responses in Southern Africa".

SAT hosted a multimedia information stand in the main exhibition hall at the Conference. The display consisted of a 'looped' animation showing scenes and 'faces' from projects and communities supported by SAT's implementing partners. This animation was supported by full-colour banners and a map of the southern African countries where SAT operates: Malawi, Mozambique, Tanzania, Zimbabwe and Zambia, giving information about SAT and its work. A strong theme running through the display was: 'Positive about being positive'. Zoonadi Ngwenya remarked that: "The SAT stand was very useful and it should be repeated at such fora including ICASA next year, funds permitting. Most delegates who visited the stand applauded the SAT community approach, and wanted to know when SAT will expand into other countries such as Swaziland, Lesotho and Botswana – perhaps this could form part of our growth plans for the future."

SAT staff setting up the booth at the International AIDS Conference

On the overall conference, Flanny Chiganze commented: "One of the key positive issues that came out of this conference and that needs to be applauded, was the 're-awakening' and 're-focussing' on HIV prevention as an essential strategy in the response to HIV and AIDS. In the countries where SAT works, 70-75% of the population are not infected with HIV, therefore it makes a lot of sense to emphasize prevention. Another positive aspect of this conference was the prominence microbicides received as a tool in the response to HIV and AIDS. This is especially encouraging for SAT, which has been involved in advocating for the availability of microbicides since 2004... However, compared to past conferences, it is clear that the conference is losing 'voices' from Africa. This issue really needs to be addressed, as Africa is still the continent most affected by the pandemic, and a conference of this nature must ensure that there is reasonable representation, including political leadership." ■

Jim Chauvin, Director of CPHA's Global Health Programs (GHP), is on secondment for several months as the Interim Executive Director of the Southern African AIDS Trust (SAT). Jim has been deployed full-time as of October 1, for a period of three months, to work out of SAT's regional office in Johannesburg, South Africa. Jim will retain his responsibilities as Director of GHP.

GHP Staff on the Move (Again!)

Every program has its changes in personnel and CPHA's Global Health Programs is no exception. The past few months have been particularly active. In July, Joe Devlin, the Director of the *Strengthening Civil Society's Voice for Public Health in the Balkans through Public Health Associations* project announced his decision to pursue graduate studies in Health Economics at the Centre for Health Economics at the University of York in the UK. He left CPHA at the end of September. He has been replaced temporarily by Cheryl Boon, for a three-month period as the project's Interim Director. Cheryl, who started working with CPHA a few years ago, was the Coordinator for the CIDA-funded *Family and Reproductive Health* project in Zambia. This 5-year initiative came to an end in August. Rosalind Francis, the Project Assistant to this project, resigned from CPHA at the end of August as well, and moved to Toronto to pursue her career.

September saw the conclusion of two GHP initiatives. The *Healthier Futures* project, which took place in Formosa Province (Argentina), and which had a significant impact on access to and the quality of health services for Aboriginal and non-Aboriginal women and children in remote and rural areas, was coordinated by Clara Jimeno. Clara left CPHA when the project ended on September 30.

CPHA's flagship international initiative, the *Strengthening of Public Health Associations (SOPHA) Program,* came to the end of its most recent 5-year phase (2001-2006) on September 30. As a result, Chris Rosene, the former Program Director, accepted a new position with the Canadian Red Cross to direct and manage its international development activities. Luis Caceres, former SOPHA Project Officer, is now pursuing graduate studies at Carleton University.

So, it is with much sadness that we see our colleagues leave GHP. We and our overseas partners have benefited from their remarkable knowledge, skills and experience. They have contributed significantly to the "value added" of CPHA in its international endeavours. We thank them and wish them well in their future activities, and we hope they will continue to be active in CPHA's domestic and international activities. ■

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accessibility (and acceptability) of family planning because of the project. The annual number of family planning clients at the health clinics has more than doubled since the project began and the CBDs alone have provided over 40,000 couple-years of contraceptive protection. Similarly, the trained Traditional Birth Attendants have provided antenatal and postnatal care and assisted with deliveries for those women who are unable to reach the clinics for maternal health services.

Reaching Youth

Our baseline participatory needs assessment pointed out that youth, a high-risk target group, did not have access to the sexual and reproductive health information and services that they needed. 134 youth Peer Educators were trained to reach out, teach and counsel other youth about relationships, sex, unwanted pregnancies and sexually transmitted infections. They organize drama groups, Edu-sport activities, clubs, and other community activities as well as serving youth at designated Youth-Friendly areas at the clinics. Nurses at the health clinics were also trained to more effectively serve youth and they report that increasing numbers of youth are being served at the clinics. Although the Zambian clinics do not track client data by age, we do know that over 715,000 youth were reached by the health information and services provided by the various community-based agents in this project.

Improved Quality of Services

While community-based services help reduce the pressure on under-resourced health systems, we have also worked to improve the quality of the services provided by the participating clinics. At a basic level, we have strengthened the infrastructure at a number of the sites, including communications systems, transportation (vehicles and bicycles), obstetric equipment and supplies, and building separate areas for the delivery of youth services. Staff at all of the participating sites were trained in logistics management which helped to improve the availability and management of contraceptives and other reproductive health supplies.

A wide range of training workshops also increased the knowledge and skills of the nurses at the clinics. Training topics included family planning, emergency obstetric care, prevention of mother-to-child transmission of HIV/AIDS, post-abortion care, management of STIs, HIV/AIDS testing and counselling, advocacy on RH, and improving the quality of client relations by health providers. One clinic was also provided with a report and recommendations for improved obstetric care based on a site assessment by a team of outside consultants.

Successful Integration

The Zambia Family and Reproductive Health Project would not have been possible without the financial support of the Government of Canada, through the Canadian International Development Agency (CIDA). While CIDA's funding for the project ended in August, the community services have been integrated within existing health systems and the project's achievements will continue to be felt in the many communities that have participated. ■

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